

## Presenting the CalPERS 2013 Health Plans Transcripts

**Title:** Entire Health Plan Video

**Date:** August 2012

Narrator:

In keeping with CalPERS commitment to offer quality health care, this video provides a review of the 2013 CalPERS health care plans.

You'll hear from each of the four CalPERS health care providers: Blue Shield of California, Kaiser Permanente, Anthem Blue Cross and CVS Caremark.

Their representatives will outline the basic features of their respective plans and underscore any changes from 2012 plans.

The presentation is organized so that you may view it all or select chapters to repeat or compare the providers' plan information.

Blue Shield of California offers both Access+ and NetValue HMO plans; featuring low copays, no deductible and comprehensive benefits. Here to explain is the Blue Shield CalPERS Account Manager, Susan Vogt.

Susan Vogt:

My job as a Blue Shield of California Account Manager provides me with a wonderful opportunity to travel throughout California and speak with CalPERS active and retired members about our Blue Shield plans and benefits.

I answer a lot of questions. The four I hear most often from prospective members are:

What makes Blue Shield different?

How can I get the best value from my health plan?

How do I find a Doctor?

How can I receive after hours care?

The Blue Shield Difference is in our name: Blue Shield of California.

We know California because we live and work here too. Our headquarters, customer service, call center, claims, and all of our main operations are handled within the state of California. We serve 3.3 million members throughout the state.

We have one of the largest network of providers, which means your doctors are probably in our network.

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And, this past year we announced our 2% pledge to our customers.

If we earn more than 2 percent net income in any year, we will give back the difference to our customers and community to help make health coverage more affordable for Californians.

How can you get the Best Value from your Health Plan?

Affordability isn't just about being the cheapest, it is about getting the quality of care you expect for a fair price.

Blue Shield offers two HMO options that are designed to deliver the best value for your health care dollars.

Why consider an HMO plan?

The simple answer is an HMO offers great value for the money.

It's also one of the most convenient and predictable health plans around.

With an HMO you know up front what everything will cost you -- from an office visit to an overnight stay in the hospital. There is no deductible and no additional coinsurance payments, you always know you're your health care costs are upfront.

HMOs are also very convenient because there is virtually no paperwork or claim forms to fill out from the providers you visit.

Blue Shield offers CalPERS members the choice of two HMO plans: Access+ and NetValue.

Both plans offer the exact same benefits; the only difference between the two plans is the provider network offered and the cost.

Both Access+ and Net Value provide a wide range of benefits including:

No deductible charges for preventive health visits such as annual exams, well baby care and immunizations.

A \$15 co-pay for a doctor visit. And the ability for you to self-refer to a specialist in your medical group network. Self-referral is a great advantage as you won't need to see your primary care physician to get a referral – which saves you time.

And no charge for many other services, including hospital visits, diagnostic X-rays and lab tests, just to name a few.

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With Blue Shield, you can count on convenient pharmacy options as well.

You can choose to fill your prescriptions at a local retail pharmacy chains such as Walgreens or Rite Aid, and by choosing generic medications your co-pay is only \$5.00.

For the best value on maintenance or on-going medications, use our mail service pharmacy benefit.

Medication will come directly to your home or office with no charge for shipping and a three month supply for the cost of two months.

To understand how easy and affordable our HMO plans are, let me tell you about one member who required medical care and what the care cost her.

Mary has a medical issue and goes to visit her primary care physician. She pays a \$15.00 copay.

The doctor refers Mary to a specialist and she is charged the \$15.00 copay for the specialist visit.

The specialist orders some tests for Mary; Mary pays nothing for the tests.

The specialist recommends surgery. Mary pays nothing for the surgery.

Mary recovers in the hospital for five days – no charge to Mary!

When Mary leaves the hospital, she fills her prescription for \$5.00 with a generic medication.

Two weeks later she has a follow up visit with her physician – the cost is a \$15 co-pay.

Mary's total cost for three doctor visits, lab tests, surgery, five days of hospitalization, and medication is \$50.00.

It really is that simple and that affordable.

Many members ask how they can save money on health coverage and I tell them about NetValue. NetValue gives you all the same benefits as Access+ but at a lower cost.

People just don't believe it when I tell them but it's true – same benefits, less money.

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Choosing NetValue can save thousands of dollars a year depending upon your employer contribution rate. And many of the same Access+ physicians are also part of the NetValue network.

We feel we have some of the best quality plans available – but don't take our word for it – go to our website and you can see what other CalPERS members say. They give Blue Shield 4 out of 5 stars for overall satisfaction.

To find out if your current doctor is in our network or to locate a new doctor use our online Find a Provider tool. Simply go to [blueshieldca.com](http://blueshieldca.com) and click on Find a Provider.

If you don't have access to the internet or need help, simply contact Member Services for assistance. They can also send you a brochure on our plans.

Have you ever needed to see a doctor, looked at your watch and realized the office was closed? When this happens, many of us turn to an urgent care center or emergency room. Blue Shield now offers a new healthcare service exclusively to our CalPERS HMO members. It's called Teladoc.

Teladoc is a 24-hour-a-day physicians' network that provides telephone and online access to doctors for treatment of routine non-emergency illnesses such as; cold and flu symptoms, bronchitis, respiratory infections, allergies, migraines and urinary tract infections.

They are also able to write short-term, prescriptions.

Teladoc services are available to CalPERS basic members at no additional costs.

For retirees, Blue Shield offers two plan options; the Blue Shield 65 Plus plan, or the Supplement to Original Medicare Plan.

Blue Shield 65 Plus is a Medicare-approved HMO plan that gives Medicare retirees both medical and prescription drug coverage, all in one plan.

Blue Shield 65 Plus HMO offers rich benefits that are designed to be comparable to the current Access+ HMO and Net Value HMO plans.

For Medicare-eligible retirees *living outside* of the Blue Shield 65 Plus HMO service area, The Supplement to Original Medicare Plan is available, which offers the current Access + HMO or Net Value HMO plan benefits that coordinate with Medicare.

Information on service area, medical and pharmacy benefits is available online or by calling a Blue Shield 65 Plus Member Services representative

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I hope that I have been able to help you learn more about Blue Shield. If you have questions, please feel free to contact our dedicated member services line or visit our website.

Thank you and be healthy!

Narrator:

Membership in Kaiser Permanente is another of the CalPERS health plan options.

The Kaiser plan offers extended hours, 24-hour nurse advice, online tools and other features of a comprehensive coverage plan. Kaiser's CalPERS Account Manager, Josh Keller, explains the benefits of being a Kaiser plan member.

Josh Keller:

Thank you for your time today. I'll be speaking to you about Kaiser Permanente and why I'm so passionate about the work I do here. You see, I'm not only an employee of Kaiser Permanente, but I and my family are also Kaiser Permanente members.

I'd like to start with briefly discussing why Kaiser Permanente is different, and how that supports you and the care you receive; talk briefly about the specific benefit plans for both the basic coverage and the Medicare coverage; share information about a reward opportunity, and provide contact information should you have questions after the presentation.

Like millions of members who choose Kaiser Permanente, when you choose Kaiser Permanente – you are choosing a partner in health.

As a member you're able to choose a doctor you can trust and build a relationship with over time.

Kaiser Permanente makes managing your health easier, so you can spend more time enjoying life.

You have 24/7 access to care when and where you need it.

We have a focus on keeping you at your healthiest in mind, body, and spirit.

And with Kaiser Permanente, you're at the forefront with information and technology.

Let's take a look at our physicians...

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Your doctor plays an important role in your health. They are the person who helps guide and manage your health and help you attain your health goals. Our physicians have been carefully selected from some of the best medical schools in the world.

Typically, only one in ten applicants is chosen to become a Kaiser Permanente physician.

And once on board, doctors complete a three-year evaluation period, where they are monitored and mentored by senior physicians.

At Kaiser Permanente, you have the freedom to choose your own physician and change any time you wish.

Each member of your family is encouraged to have his or her own personal plan physician for routine and preventive care, treatment of illness, and referral to a specialist when needed.

Together, you and your doctor can decide what it will take for you to get and stay healthy with support from Nurses, Specialists, and Health educators.

Our hospitals and medical offices are connected by one of the most powerful electronic medical record systems in the nation.

This gives your doctors secure access to accurate, up-to-date information about your health, no matter which Kaiser Permanente location you visit.

And since we usually offer multiple health services under one roof, you can save time by taking care of several health needs in one trip. You can see your doctor, get an X-ray or lab test, and have a prescription filled, all in the same day and at the same location.

Additionally, you should expect your health plan to provide you with tools that simplify the care process, and improve your health outcomes.

Sometimes it's hard to come in for visits during a typical nine-to-five workday. That's why you'll find same-day, after-hours, and weekend appointments at many of our locations.

There are also registered nurses available by phone 24/7 to help resolve any minor concerns or give you advice. They'll even help you make same-day or next-day urgent care appointment.

And if you need emergency care, it is covered anywhere in the world...both from Kaiser Permanente providers and non-Kaiser Permanente providers.

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When you do decide to choose Kaiser Permanente, you know you're getting more than just a place to go when you're sick, or some card you keep in the back of your wallet.

You're getting a true partner in your health and all the resources and tools you need to stay healthy, now and for years to come.

At Kaiser Permanente we have great programs and tools that help you gain control of your health.

You can Start a free online Healthy Lifestyle Program and get a customized action plan for making healthy changes.

Or you can join a health class at a Kaiser Permanente facility near you, and get the extra help you need to feel your best. Some classes may require a fee. You may also call a Wellness Coach to get personalized help for improving your health habits.

My Health Manager lets you manage many aspects of your health care online, 24 hours a day, seven days a week.

Because it links directly to our electronic medical record system, you can use this secure website to help manage your care.

With My Health Manager at [kp.org](http://kp.org) you can:

Email your doctor's office with routine medical questions in which you will receive a response typically within 24 to 48 hours.

You can refill your prescriptions. Most can even be mailed to your home at no additional cost.

You can request, cancel, or review routine appointments.

View most lab test results.

And, act on behalf of a family member, like a child or parent.

All these features are there for you at no additional cost; saving you time, extra trips, and money.

And now, you can get mobilized for wellness!

You can use My Health Manager while you're on the go or on your iPhone or Android phone.

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Just bookmark [kp.org](http://kp.org) on your Web-enabled phone or mobile device. Or download the Android application from the Android Market.

Please keep in mind that to enjoy the secure features of My Health Manager, you must first be a registered member on [kp.org](http://kp.org). Visit [kp.org/register](http://kp.org/register) to set up your account from your home computer.

Let's take a look at the 2013 Basic and Medicare Plan Benefits. Primary Care and Specialty Doctor Office Visits remain at a \$15 co-pay on the basic plan and \$10 on the Medicare plan.

No charge for hospitalization, laboratory, or radiology services. There is a \$50 co-pay per Emergency Room visit, however this is waived if you are held for observation or admitted to the hospital.

Prescription drugs are \$5 for every 30 day supply of Generic medication and \$20 for every 30 day supply of brand name medication.

Remember, both Basic and Medicare Members can easily obtain their Mail Order medication refills online through [kp.org](http://kp.org) or by calling our Pharmacy Refill Center at the phone number listed on the face of their medication bottle.

Should you choose to order your medications through the mail, we provide a discount of 1 copay per prescription for a 100 day supply on both brand and generics.

On our website you can view information about your benefits, learn about our services and programs, get information about living healthy, stay up-to-date with news and announcements, and get connected to tools to help you manage your health.

We encourage our Kaiser Permanente members to complete a free Total Health Assessment online and get started on the road to a healthier you.

It's free for CalPERS members and you can complete it from the comfort of your home or anywhere you have internet access.

When you're done, you'll receive a personalized action plan to help you get inspired and take charge of your health.

That's it! Plus, you'll be automatically entered into the quarterly prize drawing—and on your way to a healthier you.

When you log on to take the Total Health Assessment filling out the questionnaire will only be the first step to good health.

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You'll also get an action plan, and tools to reach your goals. We understand that you may need a little encouragement to stay on track so we'll send you emails to check in along the way.

When you complete the Total Health Assessment and you will be entered into a quarterly drawing to win a 16GB iPad 2 with a \$50 iTunes gift card or your choice of a \$500 gift card for either Big 5 Sporting Goods, REI, SpaFinder, or Sports Authority.

There will be seven winners each quarter throughout 2012 and 2013 on March 31, June 30, September 30 and December 31.

The 2013 rewards program ends December 31, 2013.

To be eligible for the drawing participants must be age 18 or over, and must be enrolled as a Kaiser Permanente CalPERS member or dependent.

Should you like to contact Kaiser Permanente, please reference our website or our customer service lines.

Thank you for your time!

Narrator:

Through Anthem Blue Cross, CalPERS offers three separate self-insured PPO plans that provide an alternative to HMO coverage and allow freedom to choose your provider and self-refer to specialists.

Mark Johnson is the Senior Managing Consultant handling the CalPERS account for Anthem Blue Cross.

Mark Johnson:

Anthem Blue Cross is looking forward to our 15<sup>th</sup> year as the medical benefits administrator for over 360,000 CalPERS Preferred Provider Organization (PPO) plans members in 2013.

PPO medical plans represent a distinctly different delivery approach compared to HMO plans. Unlike an HMO plan, PPO plans do not require the designation of a primary care physician. PPO plan members have freedom to choose physicians including specialists without the need of an authorization, referral or approval. This explains why a PPO plan identification card does not include the name of a designated primary care physician or medical group.

Now let's review the 3 PPO plan options:

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PERSCare offers the highest level of coverage of the three CalPERS PPO plans, but the plan premium rates are substantially higher because of declining membership, an older average age and much higher utilization of benefits.

PERS Choice is the flagship PPO plan having about 85% of CalPERS PPO enrollment. Like PERSCare, PERS Choice offers the full Anthem Blue Cross PPO network access of 60,000 participating physicians and over 390 hospitals within California.

One of the big advantages of the CalPERS Health Benefits Program is the ability to offer employees and under age 65 retirees with competitive PPO plan coverage at an affordable premium cost. PERS Choice compares very favorably in plan benefit coverage and premium cost with PPO plans offered by public and private employers.

In 2013, PERS Select will continue to offer an extremely compelling value for CalPERS members. PERS Select offers the availability of the same benefit coverage as PERS Choice, but with 2013 premiums that will be 27% less than PERS Choice. These lower premiums are achieved by having the PERS Select benefit design direct members to lower cost Anthem Blue Cross contracted physicians and hospitals.

PERS Select will continue in 2013 as the overall lowest priced medical plan offered within the CalPERS Health Benefits program. The 2013 PERS Select family premium for many CalPERS members will be almost \$300 per month less expensive than the second least costly CalPERS plan option.

Additionally, PERS Select will now be available in all 58 California counties.

The key similarities between the three PPO plans are: they all feature a \$500 member deductible per calendar year; \$1,000 per family, a \$20 office visit copay, 100% routine preventive coverage, a \$50 emergency room copay and unlimited lifetime maximum benefit coverage.

The key differences between the three PPO plans are: there's 90% coverage on PERSCare, and 80% coverage on PERS Choice and PERS Select with participating providers after the calendar year \$500 has been met.

Then there's a \$2,000 PPO maximum out of pocket member cost share on PERS Care and there is a \$3,000 PPO maximum out of pocket member cost share with PERS Choice and PERS Select.

Services that do not apply toward the \$500 member calendar year deductible are the \$20 physician office visit copay, prescription copays and emergency room copays.

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The \$500 per member calendar year deductible applies to other medical services such as surgeries, inpatient and outpatient hospital admissions, chiropractic care, behavioral health services, physical therapy, x-rays and imaging scans.

Services for non-participating providers are reimbursed at approximately 60%. The approximate 40% member share does not apply toward the \$3,000 maximum.

To summarize, here's how copays and the annual deductible are applied under PERS Choice coverage:

Outside of copays for office visits, ER visits and prescriptions, a PERS Choice member is responsible for the first \$500 of his or her yearly medical costs.

Once the member has paid a total of \$500, the plan transitions and the patient pays 20% of the PPO plan negotiated costs.

Once the member's 20% co-pays reach an aggregate total of \$3,000 within a calendar year the plan transitions again. He or she is then covered for 100% of their medical costs for the remainder of that year regardless of the magnitude of costs connected with a catastrophic illness when using in-network providers.

PERSCare, PERS Choice and PERS Select are offered to retirees, who are 65 years of age or older, on a Supplement to Medicare arrangement where using a preferred provider network is not applicable.

Under these plans, the Supplement to Medicare plan covers Medicare Part A and Part B deductibles and the balance of most medical coinsurance obligations.

There are no medical copayment obligations like Basic plan coverage and members receive the same prescription drug coverage offered on the Basic plans for under age 65 members.

The key with Supplement to Medicare coverage is receiving medical care from providers who participate in Medicare.

When a medical provider participates in Medicare and accepts Medicare assignment, the member pays nothing.

The provider accepts Medicare's allowed amount as payment in full.

When a provider participates in Medicare, but does not accept Medicare assignment, the total amount the Member may pay is what the Provider bills minus what Medicare pays and the Supplement to Medicare plan pays. In most cases, the provider will accept what Medicare allows and the Medicare limiting amount (which is capped at 15%) as payment in full.

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Finally when a member receives services from a provider that does not participate in Medicare and does not accept Medicare assignment, the total amount the member pays will be what the provider bills.

Locating a participating Anthem Blue Cross provider for Basic plan coverage is easy through our Provider Finder link easily accessible through our CalPERS microsite.

The “Find a Doctor” link on the home page takes you directly to the appropriate provider finder link sequence. There is a separate provider finder link for PERS Select.

The PPO plans offer a comprehensive array of disease management programs, our Future Moms pregnancy program, 24/7 nurse line services and online resources such as Web MD, My Anthem and Healthy Living. Special discount programs are available through our CalPERS microsite.

If you’re interested in enrolling with PPO coverage, ask yourself this question; “Am I willing to pay more than I would with HMO coverage to have greater ability to self-direct my health care and receive covered services from the elite medical professionals and hospitals around the country without the need of a referral or authorization?”

Anthem Blue Cross has been pleased to provide this information on PERSCare, PERS Choice and PERS Select.

We urge existing and interested CalPERS PPO members to make use of our dedicated CalPERS customer service unit or through our CalPERS microsite.

Thank you from Anthem Blue Cross.

Narrator:

CVS Caremark rounds out the field of CalPERS four health care providers. CVS is striving to approach things differently by reinventing pharmacy with the aim of keeping prescription costs down. Senior Account Manager Jeremy Gallus explains what CVS Caremark has to offer.

Jeremy Gallus:

On behalf of CVS Caremark I’ll be spending some time today discussing the prescription benefit portion of the PERS PPO plans.

We have an exciting presentation for you today that will highlight the plan benefits and a high level overview of what to expect for 2013. Let’s dive right in and take a look at the agenda. First we will talk a little bit about who CVS Caremark is, and then move into the 2013 changes, copays and some helpful

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tips on how you can get your questions answered. We'll then wrap up with some frequently asked questions.

CVS Caremark is the largest pharmacy health care provider in the United States and one of the country's largest Pharmacy Benefit Managers.

With over 64,000 pharmacies in our network including Walgreens, we bring both access and choice right to your neighborhood.

We fill over a BILLION prescriptions a year! And 1 in 4 pharmacists coming out of school are hired by CVS Caremark.

Where your costs are concerned, our message is simple. No changes for 2013. Copays, your maximum out of pocket and any other financial items have not changed.

What has changed is our network and the ability to access more in-network pharmacies. We continue to add pharmacies to our ever growing network

Just a note, if you're a current PERS PPO member you will not receive a new ID card, you can continue to use the same one you received last year. New members starting in 2013 will receive their own new card.

Let's take a look at a couple of ways you can fill your prescriptions.

Medications that wouldn't be considered maintenance can be filled at any of our network pharmacies, such as a Z-pack when you get sick, have an ear infection or strep throat.

Now, if we look at your mail order benefit, you have a couple options. Mail order is the most cost efficient way to save on your maintenance medications.

Cholesterol, high blood pressure, and diabetic medications are all examples of a maintenance medication.

One of the newest programs CVS Caremark is offering is Maintenance Choice. Maintenance Choice allows you to get a 90-day supply of your maintenance medication at a CVS pharmacy for the same price as mail.

Once you're active, you can walk into a CVS with a 90-day script of your maintenance medication and pay the same price you would with mail order.

You also have the option for mail order where we deliver your medications to your home, ensuring you have medications on hand when you need it. We have free programs available at mail order that automatically send your medications to you, just in case you forget.

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Your copays for 2013 have not changed from last year.

I'm going to run through the copays for 2013.

For a 30-day supply, it's \$5 for a generic, \$20 for a formulary, and \$50 for non-preferred.

For a 90-day supply, \$10 for a generic, \$40 for a formulary, and \$100 for a non-preferred. Think of mail order as "buy two get one free" with the pricing.

Keep in mind, if you continually fill your maintenance medication for a 30 day supply, you'll end up paying more money after the 3<sup>rd</sup> refill. This is not new; CalPERS and CVS Caremark are encouraging members to use the most cost efficient option.

Our next topic is Member Pays the Difference. If you choose a brand medication when a generic equivalent is available, you will pay the cost difference between the brand and the generic drugs, plus the generic copay.

Let's go through an example using Jessica and her new prescription for Lipitor. The generic cost of Jessica's medication is \$35 and the brand Lipitor cost is \$200.

With Member Pays the Difference, Jessica will pay the cost difference between these two medications plus the generic copay.

Jessica would be paying \$170 out-of-pocket.

Now if Jessica's doctor says she has to take a brand medication when a generic equivalent is available because of medical necessity, then a Member Pays the Difference exception could be requested from her doctor.

Her prescribing doctor will be required to provide a well-documented and established medical reason for a brand-name drug to be prescribed when there is a generic equivalent.

If the Member Pays the Difference exception is approved, Jessica will pay the applicable brand co-pay of \$50.

Member Pays the Difference amounts do not apply to the pharmacy out-of-pocket maximum.

To find out if your medication has a generic equivalent, please visit us online to use the "check drug cost" feature, or you can call customer care and they will be glad to look it up for you.

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I don't know about you, but I don't like talking to a robot. That's not the case with CVS Caremark. Any questions, comments or concerns can be directed to our dedicated CalPERS line, available 24 hours a day, 7 days a week. Is my refill ready? Can I speak to a pharmacist? Why is my copay \$50? All of these questions can be answered by one of our dedicated Customer Care representatives.

If you want the capability to get answers on your plan in a matter of minutes, our website is your best option. The ability to check drug costs, setup mail order and confirm your savings are just a couple of clicks away. Once you become a Caremark member, you also have the access of your prescription information right on your smart phone. All of these capabilities are available on our new Caremark.com app, located in the App Store or Android Market.

Before I wrap up, let's go through the top three frequently asked questions.

Do I have to fill my prescriptions at a CVS/pharmacy?

The simple answer is no. Our retail network has over 64,000 in-network pharmacies including Walgreens, Rite Aid, Wal-Mart and many pharmacies near you.

How can I find out if my pharmacy is in network?

Two easy options; visit our website and use the "Locate a Pharmacy" tool. You can also contact our toll-free line.

How will I know if my medication is preferred with CVS Caremark?

There are 2 ways you can verify if your medication is on the preferred drug list. First, you can go to our website to "Check Drug Cost". If your medication is not preferred, it will help you with alternatives. Another option is to call Customer Care and have one of our representatives look up the medication you are taking and discuss preferred or generic alternatives.

That is it, pretty short and sweet. On behalf of CVS Caremark I want to thank you for your time and look forward partnering with you in 2013!

Narrator:

We know that deciding on the right health plan is a very important decision for you and your family.

To help you with this task we have the Health Plan Chooser. To access the Chooser, visit CalPERS online and select the Health Benefits Program from the "Quick Links" area of our home page. You will find a link to the Chooser in the "Shortcuts" menu. This tool is available year-round and provides key information in one location.

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Please make a note of the displayed contact information for each of our health plan partners. Please make sure that you type in the web addresses exactly as they appear here to ensure that you receive CalPERS specific information.

We appreciate your time and attention. This webcast will be available in the CalPERS Online Video Center until December 2013 so please feel free to check back during this time for anything you may have missed.

Please join us on Facebook and follow us on Twitter.

Thank you and have a great day.

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